01-08-02



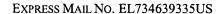
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 $\label{eq:pto/sb/50} PTO/SB/50~(4/98)$ Approved for use through 09/30/2000. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Attorney E		7 .	18602-06614			•	
ddress to: First Named Inven		tor	Eric C. Anderson				
Box Reissue	Original Patent Nu	mber	6,011,585				
Commissioner For Patents Washington, DC 20231	Original Patent Issue Date (Month/Day/Year)		01/04/2000				
	Express Mail Label No.		EL734639335US			•	
APPLICATION FOR REISSUE OF:					7		
(check applicable box) Utility Patent Design Patent Plant Patent							
APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS					
1. X *Fee Transmittal Form ((PTO/SB/56) (Submit an original, and a duplicate for fee processing)			7. Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).				
2. Specification and Claims (amended, if appropriate)			8. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations				
3. Drawing(s) (proposed amendments, if appropriate)			9. English Translation of Reissue Oath/Declaration (if applicable)				
4. Reissue Oath/Declaration (unsigned) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)			10. *Small Entity Statement filed in prior application, Statement(s) Status still proper and desired				
5. Original U.S. Patent			(PTO/SB/09-12)				
Original U.S. Patent for Surrender			 11. Preliminary Amendment and Statement of status/ support for all changes to the claims. See 37 CFR 1.173(c). 12. Return Receipt Postcard (MPEP 503) 				
Ribboned Original Patent Grant							
Statement of Loss (PTO/SB/55)							
6. Original U.S. Patent currently assigned?			(Should be specifically itemized)				
Yes No			13. Other:				
(If Yes, check applicable box(es))				···································			
						·	
Written Consent of all Assignees (PTO/SB/53)			TE FOR ITEMS 1 & 10 · 1	N ORDER TO RE EN	TITI ED TO		
37 C.F.R. § 3.73(b) Statement Power of Attorney			* <u>NOTE FOR ITEMS I & 19</u> : IN ORDER TO BE EXTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A				
2000001111011109			PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).				
14. CORRESPONDENCE ADDRESS							
Customer Number or Bar Code Label or Correspondence address below							
I TRAINI BOUL ROBEL IN THE TOTAL CONTROL OF THE CON							
00758							
00730							
Name (Print/Type) Kirk A. Gottlieb		Re	gistration No. (Attor	ney/Agent)	42,596		
Signature Tala.	Car	9	Date	January	ب , 200)2	



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Docket Number (Optional) REISSUE APPLICATION FEE TRANSMITTAL FORM 18602-06614 Claims as Filed - Part 1 Claims in Number Filed in Small Entity (3) Other than a Small Entity Patent For Reissue Application Number Extra Rate Fee Rate Fee **** (A) Total Claims (B) 35 (37 CFR 1.16(j)) 46 x \$18.00 =or 162.00 Independent (C) (D) Claims (37 CFR 1.16(i)) 6 11 5 420.00 x \$84.00 =\$_740.00 Basic Fee (37 CFR 1.16(h)) Total Filing Fee OR \$1,322.00 Claims as Amended - Part 2 (1) (2) (3) Claims Remaining Highest Number Extra Small Entity Other than a Small Entity After Amendment Previously Claims Rate Fee Rate Fee Paid For Present *** Total Claims (37 CFR 1.16(j)) 46 **MINUS** 35 x \$ x \$18.00 =162.00 or Independent Claims (37 CFR 1.16(i)) 11 MINUS 6 x \$ x \$84.00 =420.00 OR \$ 582.00 Total Additional Fee Ë ** If the entry in (D) is less than the entry in (C), Write "0" in column 3. If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims **** E If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20). **** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed. \boxtimes A check in the amount of \$ PLEASE DEFER to cover the filing fee is enclosed. 2002 January Signature of Applicant, Attorney or Agent of Record Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Typed or printed name

Kirk A. Gottlieb, Reg. No. 42,596